

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2014
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments This Rule is not met as evidenced by: A Licensure survey and complaint investigation #33162 were completed on February 4, 2014, at Christian Care Center of Rutherford County. No deficiencies were cited related to complaint investigation #33162, under Chapter 1200-08-06, Standards For Nursing Homes.	N 001		
N 415	1200-8-6-.04(10) Administration (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on facility policy review, employee record review, review of time worked records, and interview, the facility failed to obtain a medical screening prior to patient contact for two employees (#1, #5); and failed to obtain reference verification for one employee (#4) of six employee records reviewed. The findings included: Review of the facility employee policies revealed the following:	N 415	<u>N 415</u> Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: <u>Corrective Actions for Targeted Employees</u> Medical screening for TB, Hepatitis B Vaccine, and Flu Vaccine for employee #1 was unable to be completed due to employee left her position on 12/10/13 and could not be reached by the facility, with no return call. Medical screening for TB for employee #5 was unable to be completed due to employee left her position on 2/2/14 and could not be reached by the facility, with no return call. Reference verification was conducted for employee #4 on 2/3/14 by the Human Resources Department with documentation placed in employee personnel file.	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Francis Lloyd

TITLE

Administrator

(X6) DATE

2/27/14

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N 415	<p>Continued From page 1</p> <p>1.) Tuberculosis (TB) Screening-Employee, last reviewed/revised on May 2012, revealed the "...PPD (Purified Protein Derivative- a TB skin test) will be performed on all new employees to the facility within ten (10) days of employee date...The results of the tuberculosis screening will be documented...and kept in the employee's medical file..."</p> <p>2.) Immunization Requirements for Employees, reviewed on March 2009, revealed "...To ensure Employees and New Hires are immunized against Hepatitis,...and Influenza (Flu) Virus...Hepatitis B Vaccine...will be offered and administered at the time of new hire...all employees must sign a release either accepting or declining this benefit. All documentation...will be kept in the employee's medical record...Influenza Vaccine...will be offered annually in the fall...Proper release and screening forms must have been executed prior to administering the vaccine. Proper documentation will be recorded in the employee's medical file..."</p> <p>3.) Hiring of Facility Administrative Staff Members, revised on March 2009, revealed "...Job Offer...Once the candidate...approved, submit the following...Completed reference checks..."</p> <p>Review of the record for employee #1, revealed the employee was hired on December 18, 2013. Further review revealed the employee record failed to contain the medical screening required by the facility for TB, Hepatitis B Vaccine, and Flu Vaccine. Review of the time worked record for employee #1 revealed the employee worked in the facility on December 20, 2013, for eleven and one-half hours.</p> <p>Review of the record for employee #5, revealed the employee as hired on December 3, 2013.</p>	N 415	<p><u>Identification of Others with Potential to be Affected</u></p> <p>Employees caring for residents, as well as residents, have the potential to be affected by this practice.</p> <p>An in-service was held by the Administrator on 2/19/14 to educate administrative staff, to include Human Resources Department, regarding the need for employees to have required health screening within 10 days of hire date, per policy.</p> <p><u>Systematic Changes</u></p> <p>Education that was provided in the in-service on 2/19/14 also pointed out that the health screening documentation must be placed in the employees' medical file, as well as the need to conduct reference checks for job applicants prior to employment. Newly-hired Administrative Staff will be educated during their orientation period by the Human Resources Manager regarding the need for timely employee health screening and reference checks, per policy.</p> <p><u>Monitoring</u></p> <p>The Human Resources Manager will conduct a monthly audit of Employee Personnel Files for required health screening documentation and reference verifications being present, per policy. Results of these audits will be presented to the monthly Performance Improvement Committee by the Human Resources</p>	

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N 415	Continued From page 2 Further review revealed the employee records failed to contain the medical screening required by the facility for TB. Review of the record for employee #4 revealed the employee was hired on October 9, 2013. Further review of the employee record revealed no evidence of reference verification. Interview on January 29, 2014, at 10:10 a.m., in the conference room, with the facility Administrator, confirmed the facility failed to obtain the medical screening for TB, Hepatitis B vaccine and/or Flu Vaccine per facility policy. Further interview confirmed the facility failed to obtain reference verification per facility policy.	N 415	Manager for review and recommendations until desired threshold has been met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.	
N 723	1200-8-6-.06(5)(i)9. Basic Services (5) Medical Records. (i) All records must document the following: 9. Final diagnosis with completion of medical records within thirty (30) days following discharge. This Rule is not met as evidenced by: Based on review of discharge summaries and interview, the facility failed to have the physician sign the discharge summary for nineteen residents; and failed to complete and maintain the completed discharge summaries in the medical record within thirty days of the discharge for twenty-four residents of twenty-seven discharge records reviewed.	N 723	<u>N 723</u> Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: <u>Corrective Actions for Targeted Medical Records</u> The cited Discharge Summaries were completed by each department/discipline, signed and dated by the physician on 1/29/14. <u>Identification of Other Medical Records with Potential to be Affected</u> Medical records of residents discharged within the last 30 days have a potential to be affected by this practice. These	

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N 723	<p>Continued From page 3</p> <p>The findings included:</p> <p>Review of the medical record for nineteen residents discharged from the facility in excess of thirty days revealed the facility departments failed to complete the summary and failed to obtain a physician signature within thirty days of the discharge. Further review of five residents discharged from the facility in November 2013, revealed the discharge summary for four residents had been signed but undated by the physician and one resident discharge summary was dated and signed by the physician but the facility failed to maintain the completed medical record within thirty days of the discharge.</p> <p>Interview on January 27, 2014, at 2:00 p.m., in the conference room, with the Medical Record Director, confirmed the facility failed to obtain physician signatures, complete the discharge summaries and maintain the completed medical record within thirty days of the discharge. Further interview revealed the Medical Record Director was unaware the medical records were required to be completed within thirty days of the discharge.</p>	N 723	<p>residents' Discharge Summaries were reviewed by the Medical Records Clerk on 1/29/14 to ensure Discharge Summaries were completed, dated, and signed by the physician.</p> <p><u>Systematic Changes</u></p> <p>An in-service was conducted on 1/28/14 by the Administrator for Administrative Staff regarding the requirement of completing Discharge Summaries by each discipline with physician signature and date within 30 days of resident's discharge. Ensuring Discharge Summaries are complete, dated and signed by the physician was assigned to the Medical Records Clerk by the Director of Nursing on 1/29/14. Newly-hired Administrative Staff will be educated during their orientation period regarding the need to complete Discharge Summaries, with physician signature and date, within 30 days of resident's discharge.</p> <p><u>Monitoring</u></p> <p>A monthly audit will be conducted by the Medical Records Clerk to ensure Discharge Summaries are completed by each discipline and summary is signed and dated by the physician within 30 days of resident's discharge. Results of this audit will be presented by the Medical Records Clerk to the monthly Performance Improvement Committee for review and recommendations until desired threshold is met for three consecutive months. The Performance Improvement Committee</p>	

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